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PART 1

DELAWARE LEVEL 1 INTERCONNECTION APPLICATION & AGREEMENT

With Terms and Conditions for Interconnection (Lab Certified Inverter-Based Small Generator Facilities Less than or Equal to 10 kW)

(Application & Conditional Agreement - to be completed prior to installation)

INTERCONNECTION CUSTOMER CONTACT INFORMATION
Customer Name: George Horsey
Mailing Address: 152 Misseys Church Road
City: Townsends State: De Zip Code: 19734
Contact Person (If other than above):
Mailing Address (If other than above):
Telephone (Daytime): (Evening):
Facsimile Number: E-Mail Address (Required): Horsy EG@venzon.w
Alternate Contact Information Name:
Mailing Address:
City: State: Zip Code:
Telephone (Daytime): (Evening):
Facsimile Number: E-Mail Address:
FACILITY INFORMATION
Facility Address: State: DE Zip Code: 19734
DPL Account # of Facility Site: SSOO US32 091
Energy Source: Photovoltaics Prime Mover: Photovoltaics
Type of Application: Initial Addition/Upgrade 1
DC Nameplate Rating: S.b (kW) (kVA), AC Inverter Rating 6.0 (kW), AC System Design Capacity: 6.25 (kW) (kVA)

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¹ Initial if first time generator request. Addition/Upgrade if this is an add-on to a previously approved system.

(A copy of Generator Nameplate and Manufacture	er, Model #: See Se rer's Specification Sheet May	Also be Submitted)	
Inverter Manufacturer: SMB	Model #	& Rating: La 000 - TV =	< 5 ~ 2U
Number of Inverters:			
Ampere Rating: 57 Ampsac, Nu	ımber of Phases: 🔳 1	☐ 3, Voltage Rating: 24 t	<u>.</u>
Nominal DC Voltage: 330 Vpc,	Power Factor: "9	5.7%. Frequency: lea) Hz.
DPL Accessible Disconnect or Lock B			
One-line Diagram Attached (Required):			
Do you plan to export power?2 Ye	s No, If Yes, Es	timated Maximum: kW	, <u> </u>
Estimated Gross Annual Energy Produ			
Is the inverter IEEE/UL1741 lab certification and label information from the appropriate Application.)	ed? Yes ■ No □ (if ve	s, attach manufacturer's cut sheet show listing. If no, facility is not eligible for L	/ing evel 1
Estimated Commissioning Date:	42-5017		
Name: Liberty Services Mailing Address: 5700 Kirkwood High		vner-installed 🗍	
City: Wilmington		10909	
Telephone (Daytime): 3026602187	State: 52	Zip Code: _19000	
Facsimile Number: E-			
E-	iviali Address (Hequired):	ocial @gonberty.co	
ELECTRICAL CONTRACTOR			
Name:	NTV		
Mailing Address:		van.	
City:	State:	Zip Code:	
Telephone (Daytime):	(Evening):	····	
Facsimile Number:	E-Mail Address:		
License number: 1032			
Active License? Yes 🔳 No 🗌			
ls small generator facility eligible for Ne	et Metering? Yes 🔳 No		

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² Yes, if your expected maximum output of the inverter (kW AC) is greater than the lowest load you anticipate at your facility during maximum PV output (kW). The difference would be the amount you may export.

INSURANCE DISCLOSURE

The attached terms and conditions contain provisions related to liability and indemnification, and should be carefully considered by the interconnection customer. The interconnection customer is not required to obtain general liability insurance coverage as a precondition for interconnection approval; however, the interconnection customer is advised to consider obtaining appropriate insurance coverage to cover the interconnection customer's potential liability under this agreement.

CUSTOMER SIGNATURE

I hereby certify that: 1) I have read and understand the terms and conditions which are attached hereto by reference and are a part of this Agreement; 2) I hereby agree to comply with the attached terms and conditions; and 3) to the best of my knowledge, all of the information provided in this application request form is complete and true. I consent to permit the PSC and interconnecting utility to exchange information regarding the generating system to which this application applies.

Interconnection Customer Signature: Jonge A. House Date: 4/13/15	
Printed Name: GEORGE A. HORSEY Title: Home OWNEY	_
, ,	
Conditional Agreement to Interconnect Small Generator Facility (for EDC use only)	ı
Receipt of the application fee is acknowledged and, by its signature below, the EDC has determined the interconnection request is complete. Interconnection of the small generator facility is conditionally approved contingent upon the attached terms and conditions of this Agreement the return of the attached Certificate of Completion duly executed, verification of electrical inspection and successful witness test or EDC waiver thereof.	
EDC Signature: Date:	
Printed Name:Title:	



DELAWARE INTERCONNECTION APPLICATION & AGREEMENT

With Terms and Conditions for Interconnection (Lab Certified Inverter-Based Small Generator Facilities Less than or Equal to 10 kW)

(Final Agreement - must be completed after installation and prior to interconnection)

Certificate of Completion

INTERCONNECTION CUSTOMER CON	TACT INFORMATION				
Name: George Horsey					
Mailing Address: 152 Masseys Church Road					
City: Townsend Stat	e: DE Zip Code: 19734				
Telephone (Daytime):	(Evening):				
	E-Mail Address: HorseyEG@verizon.net				
FACILITY INFORMATION					
Facility Address: 152 Masseys Church Road					
City: Townsend	State: DE Zip Code: 19734				
DPL Account # of Facility Site: 55006532091					
Energy Source: Photovoltaics Prime Mover: Photovoltaics					
DC Nameplate Rating: 5.6 (kW) (kVA), AC Inverter Rating 6.0 (kW), AC System Design Capacity: 7.25 (kW)					
Inverter Manufacturer: SMA	Model # & Rating: 6000TLUS22				
Number of Inverters: 1					
EQUIPMENT INSTALLATION CONTRACTOR Check if owner-installed					
Name: Liberty Services					
Mailing Address: 5700 Kirkwood Highway					
City: Wilmington	State: DE Zip Code: 19808				
Telephone (Daytime): 3026602187	(Evening):				
Facsimile Number:					

FINAL ELECTRIC INSPECTION AND INTERCONNECTION CUSTOMER SIGNATURE

The Small Generator Facility is complete and has been approved by the local electric inspector

having jurisdiction. A signed copy of the electric inspector's form indicating final approval is attached. The Interconnection Customer acknowledges that it shall not operate the Small
Generator Facility until receipt of the final acceptance and approval by the EDC as provided below.
Signed: Jenge A. Huray Date 05/11/2015 (Signature of intergonnection customer)
Printed Name: George A. Horsey
Type of Application: New/Initial Growth/Increase System Capacity 6.0 KW (DC) Check if copy of signed electric inspection form is attached
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ACCEPTANCE AND FINAL APPROVAL FOR INTERCONNECTION (for EDC use only)
The interconnection agreement is approved and the Small Generator Facility is approved for nterconnected operation upon the signing and return of this Certificate of Completion by EDC:
Electric Distribution Company waives Witness Test? (Initial) Yes (2000) No () If not waived, date of successful Witness Test: Passed: (Initial) ()
EDC Signature: Siana C. Le Chiques Date: 7/20/15
Printed Name: Diana C. De Angelis Title: Reg Affairs Lead

EAGLE INSPECTION AGENCY, LLC

57 MATTHEWS ROAD, NEWARK, DE 19713-2555
DIRECT PHONE: 302-379-3635 OFFICE & FAX: 302-368-1312

CERTIFICATE OF APPROVAL FOR FIRE/SAFETY INSPECTION

THIS CERTIFICATE OF APPROVAL IS FOR ELECTRICAL INSPECTION OF THE BELOW LISTED PERSONS OR BUSINESS DESIRING APPROVAL FOR THE BUILDING OR PREMISES DESCRIBED.

Jerry D. Taylor, Master License #T1-0001032, expires 06/30/16 and Liberty Services Company

FOR

George Horsey, 152 Masseys Church Road, Townsend, Delaware, 19734

THIS CERTIFICATE OF APPROVAL FOR ELECTRICAL INSTALLATIONS CONSTITUTES APPROVAL OF WIRES AND EQUIPMENT INSPECTED TO DATE. IF ANY ALTERATIONS ARE MADE TO THE EXISTING SYSTEM, A NEW APPLICATION FOR INSPECTION SHALL BE SUBMITTED TO THIS AGENCY.

TYPE OF INSPECTION

Final inspection for solar panels and equipment wiring and connections

THE ABOVE WIRING AND EQUIPMENT HAVE BEEN INSPECTED AND ARE IN ACCORDANCE WITH THE NATIONAL ELECTICAL CODE [NEC] AND THE NATIONAL FIRE PROTECTION ADMINISTRATION [NFPA].

NOT AN EQUIPMENT GUARANTEE

INSPECTED BY:

John Graden

JOHN C. GRADEN, NEC CODE INSPECTOR

License No. T6-0000113

DATE OF FINAL INSPECTION:

May 13th, 2015